## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

2398131153

CLAIMS AS FILED - PART I						SMALL ENTITY				OTHER	THER THAN	
			(Column 1) (Column 1)		umn 2)			□ OR				
TOTAL CLAIMS			13	<u>.</u> .		Γ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER	FILED NUM	BER EXTRA	E	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			\3 minus 20= * (		$\mathscr{O}$	Ī	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			<del></del>		$\phi$	ľ	X42=		OR	X84=		
Μľ	JLTIPLE DEPEN	NDENT CLAIM P	RESENT '			ľ	+140=		OR	+280=		
*	the difference	e in column 1 is	less than zero, enter "0" in column 2			L	TOTAL	225	OR	TOTAL		
CLAIMS AS AMENDED - PART II								ر الحا	1	OTHER	THAN	
(Column 1)				(Column 2)	(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	. :	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF MI	Minus	***	= [=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
	1					_	TOTAL			TOTAL		
		(Cal. (mag. 4)		<b>(</b> 0.1	<b>40</b> 1 - 5	ΑI	DDIT. FEE		OR	ADDIT. FEE		
<u> </u>		(Column 1) CLAIMS	1	(Column 2)	(Column 3)	_	· · · · · · · · · · · · · · · · · · ·					
AMENDMENT B	***	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	=	1	X\$ 9=		OR	X\$18=	.,	
	Independent	* NTATION OF MU	Minus	***	<u> -</u>		X42=		OR	X84=		
	I MOT FACOL	INTATION OF MIC	JUITE DEP	ENDENT CLAIM			+140=		OR	+280=	1	
						A.F	TOTAL DIT. FEE		OB	TOTAL ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3)	AL	JUN. FEE			ADDII. FEE		
( )		CLAIMS		HIGHEST	(COIGITITIO)	_	· · · · · · · · · · · · · · · · · · ·	4001				
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	-		X\$ 9=		OR	X\$18=	, <u>L. L.</u>	
	Independent	*	Minus	***	=	-	X42=			V04		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						A74=		OR	X84=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+140=		OR	+280=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									TOTAL ADDIT. FEE		
	The "Highest Num	ber Previously Pair	d For" (Total or	Independent) is the	highest number	found	in the ann	ropriate box	in col	ımn 1		